24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ESAFund	C C00489856
Check if 24-hour report 48-hour report New report Am	ends report filed on
Full Name of Payee Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination
	11 01 2016
Mailing Address 600 Fairmount Avenue, #306	Amount
City State Zip Code	9644.00
Towson MD 21286	Transaction ID : SE.7178 Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District:
Fleming, John C., , , Jr.	Oppose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mentzer Media Services, Inc.	11 01 2016
Mailing Address 600 Fairmount Avenue, #306	Amount
City State Zip Code	185350.00
Towson MD 21286	Transaction ID : SE.7180
Purpose of Expenditure Category/	Date of Disbursement or Obligation
media placement Category/ Type	
Name of Federal Candidate	Support Office Sought: House District:
Boustany, Charles W., , Dr., Jr.	Oppose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary ✓ General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures	194994.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	•
Watkins, Nancy H., , , [Electronically Filed]	Date 11 01 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
ESAFund				C C00489856
Check if X 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee			Date	e of Public Distribution/Dissemination
Mentzer Media Services, Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 Fairmount Avenue, #306			Amo	ount
City	State	Zip Code		54000.00
Towson	MD	21286		nsaction ID : SE.7182 e of Disbursement or Obligation
Purpose of Expenditure media placement		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate		Support	Office Sou	ght: House District:
Boustany, Charles W., , Dr., Jr.		X Oppose	Pres	ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	0.00	Disbursem 2016	ent For: Primary X General Other (specify) ▶
Full Name of Payee			Dat	e of Public Distribution/Dissemination
Mentzer Media Services, Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 Fairmount Avenue, #306			Am	ount
City	State	Zip Code	\neg	8100.00
Towson	MD	21286		saction ID : SE.7184 e of Disbursement or Obligation
Purpose of Expenditure media placement		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate		Support	Office Sou	ght: House District:
Boustany, Charles W., , Dr., Jr.		X Oppose	Pres	ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disbursem 2016	ent For:
(a) SUBTOTAL of Itemized Independent Expenditure	s			62100.00
(b) CURTOTAL of Uniterpized Independent Everendit				7 7 7 7
(b) SUBTOTAL of Unitermized Independent Expenditu	ires		·· •	195 195 155
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Watkins, Nancy H., , , Signature	[Electron	ically Filed] Date	11	01 2016

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) ESAFund		FEC IDENTIFICATION NUMBER ▼		
LOAI ullu		C C00489856		
Check if 24-hour report 48-hour report New	report Amends report filed	on M = M / D = D / Y = Y = Y		
Full Name of Payee Mentzer Media Services, Inc.		Date of Public Distribution/Dissemination		
		11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 600 Fairmount Avenue, #306		Amount		
City State	Zip Code	172.00		
Towson MD	21286	Transaction ID : SE.7187 Date of Disbursement or Obligation		
Purpose of Expenditure media placement	Category/ Type	M = M / D = D / Y = Y = Y = Y		
Name of Federal Candidate	Support Office	Sought: House District:		
Boustany, Charles W., , Dr., Jr.	X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbu 2016	ursement For: Primary X General Other (specify) ▶		
Full Name of Payee	,	Date of Public Distribution/Dissemination		
Mailing Address		Amount		
City State	Zip Code			
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation		
Name of Federal Candidate	<u> </u>	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	Disbu	ursement For: Primary General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	172.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····			
(c) TOTAL Independent Expenditures	······	257266.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Watkins, Nancy H., , , [Elect.	ronically Filed] Date 1	1 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

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